

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2024 JUN - 7 PM 2:40

VANIA S. ALLEN
CLERK
Richard Smith

Check if this is an amended filing

Fill in this information to identify your case:

| | | | |
|---|--------------|-------------|-----------|
| Debtor 1 | Carmen | Reshun | Smith |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | District of | |
| Case number (if known) | 24-55036-jwc | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

75 Overlook Heights
Number Street
Way
Stockbridge GA 30281
City State ZIP Code

Dates Debtor 1 Debtor 2:
lived there

From 1/21
To 8/23

Same as Debtor 1

Dates Debtor 2:
lived there

Same as Debtor 1

From _____
To _____

340 Victoria Lane
Number Street
Stockbridge, GA
Stockbridge GA 30281
City State ZIP Code

From 11/10
To 1/21

Same as Debtor 1

Same as Debtor 1

From _____
To _____

City State ZIP Code

3. Within the last 3 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Armen Reshun Smith

Name _____

Middle Name _____

Last Name _____

Case number (if known) 24-55036-jwc

Do you have any income from employment or from operating a business during this year or the two previous calendar years?

In the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

| Debtor 1 | Debtor 2 |
|----------|----------|
|----------|----------|

Sources of income
Check all that apply.

- Wages, commissions, bonuses, tips
 Operating a business

Gross income
(before deductions and exclusions)

\$ 0.00

Sources of income
Check all that apply.

- Wages, commissions, bonuses, tips
 Operating a business

Gross income
(before deductions and exclusions)

\$ 0.00

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, 2023, YYYY)

- Wages, commissions, bonuses, tips
 Operating a business

\$ 6,139.00

- Wages, commissions, bonuses, tips
 Operating a business

\$ _____

For the calendar year before that:

(January 1 to December 31, 2022, YYYY)

- Wages, commissions, bonuses, tips

\$ 3,021.00

- Operating a business

- Wages, commissions, bonuses, tips

\$ _____

- Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

| Debtor 1 | Debtor 2 |
|----------|----------|
|----------|----------|

Sources of income
Describe below.

Gross income from each source
(before deductions and exclusions)

Sources of income
Describe below.

Gross income from each source
(before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

Child support \$ 1,660.00

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

For last calendar year:

(January 1 to December 31, 2023, YYYY)

Child support \$ 3,984.00

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

For the calendar year before that:

(January 1 to December 31, 2022, YYYY)

Child support \$ 3,984.00

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Debtor 1

Carmen Reethun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------|------------------|-------------------|----------------------|---|
| Number Street | | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| City State ZIP Code | | | | |
| Creditor's Name | | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Creditor's Name | | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | | | | |
| City State ZIP Code | | | | |

Debtor 1

Carmen Reshyn Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

| Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ | \$ _____ | \$ _____ | |
| Number Street _____ _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |
| Insider's Name _____ | \$ _____ | \$ _____ | |
| Number Street _____ _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

| Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------------------------|-------------------|----------------------|--|
| Insider's Name _____ | \$ _____ | \$ _____ | |
| Number Street _____ _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |
| Insider's Name _____ | \$ _____ | \$ _____ | |
| Number Street _____ _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |

Debtor 1

Carmen Reshma Smith

Case number (*if known*)

24-55036-jwe

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| Nature of the case | Court or agency | Status of the case |
|-------------------------------------|---------------------------------------|--|
| Case title _____ _____ _____ | Court Name _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ _____ _____ | Number Street _____ | |
| | City _____ State _____ ZIP Code _____ | |
| Case title _____ _____ _____ | Court Name _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ _____ _____ | Number Street _____ | |
| | City _____ State _____ ZIP Code _____ | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 13

Yes. Fill in the information below.

| Creditor's Name | Describe the property | Date | Value of the property |
|-----------------|-----------------------|------|-----------------------|
| | | | \$ _____ |

| | |
|---------------|---|
| Number Street | Explain what happened |
| | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. |
| City | State ZIP Code |

| Creditor's Name | Describe the property | Date | Value of the property |
|-----------------|-----------------------|------|-----------------------|
| | | | \$ _____ |

| | |
|---|-----------------------|
| Number Street | Explain what happened |
| <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | |
| City | State ZIP Code |

Jan Reshun Smith
Name _____
Middle Name _____
Last Name _____

Case number (if known) _____

24-55036-jwc

Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took

Creditor's Name _____

Number Street _____

City _____

State ZIP Code _____

Last 4 digits of account number: XXXX-_____

Date action
was taken

Amount
_____ \$ _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600
per person

Describe the gifts

Dates you gave
the gifts

Value

Person to Whom You Gave the Gift _____

_____ \$ _____

Number Street _____

_____ \$ _____

City _____ State ZIP Code _____

Person's relationship to you _____

Gifts with a total value of more than \$600
per person

Describe the gifts

Dates you gave
the gifts

Value

Person to Whom You Gave the Gift _____

_____ \$ _____

Number Street _____

_____ \$ _____

City _____ State ZIP Code _____

Person's relationship to you _____

Debtor 1

Carmen Leshun Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name

\$ _____

Number Street

\$ _____

City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss

Date of your
loss

Value of property
lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment
made

Person Who Was Paid

\$ _____

Number Street

\$ _____

City State ZIP Code

\$ _____

Email or website address

\$ _____

Person Who Made the Payment, if Not You

\$ _____

Debtor 1

Carmen Reshun Smith

First Name Middle Name Last Name

Case number (if known)

24-55036-jwc

| Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment |
|---|-------|----------|-----------------------------------|-------------------|
| Person Who Was Paid | | | _____ | \$ _____ |
| Number Street _____ | | | _____ | \$ _____ |
| City | State | ZIP Code | | |
| Email or website address | | | | |
| Person Who Made the Payment, if Not You | | | | |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

| Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment |
|---|-------|----------|-----------------------------------|-------------------|
| Person Who Was Paid | | | _____ | \$ _____ |
| Number Street _____ | | | _____ | \$ _____ |
| City | State | ZIP Code | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

| Description and value of property transferred | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|-------|--|------------------------|
| Person Who Received Transfer | | _____ | _____ |
| Number Street _____ | | _____ | _____ |
| City | State | ZIP Code | |
| Person's relationship to you _____ | | | |
| Person Who Received Transfer | | _____ | _____ |
| Number Street _____ | | _____ | _____ |
| City | State | ZIP Code | |
| Person's relationship to you _____ | | | |

Debtor 1

Carmen Reshun Smith

Case number (if known)

24-55036-jwc

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

| | |
|--|--|
| | |
|--|--|

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX-

Checking

\$ _____

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other _____

Name of Financial Institution

XXXX-

Checking

\$ _____

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

No

Yes

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1

Carmen Reshun Smith

First Name Middle Name Last Name

Case number (if known) 24-55036-jwc

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|-----------------------------------|---------------|-----------------------|---|
| Name of Storage Facility | Name | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Number Street | Number Street | | |
| City State ZIP Code | | | |
| City | State | ZIP Code | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|----------|
| Owner's Name | | \$ _____ |
| Number Street | Number Street | |
| City State ZIP Code | City State ZIP Code | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | |
| Number Street | Number Street | |
| City State ZIP Code | City State ZIP Code | |
| City State ZIP Code | City State ZIP Code | |

Debtor 1

Carmen Reshun Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|-------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | |
| Number Street | Number Street | |
| | City State ZIP Code | |
| City | State | ZIP Code |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|-----------------|---------------------|--------------------|
| Case title | | |
| Court Name | | |
| Number Street | | |
| Case number | City State ZIP Code | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|--|--|
| <u>Tidy Angel Flawless</u> Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| 7229 Mountain Lane Number Street | <u>Cleaning Business</u> Name of accountant or bookkeeper | EIN: <u>83-1251659</u> |
| Way Stockbridge GA 30281 City State ZIP Code | <u>Self-Carmen Smith</u> | Dates business existed From <u>10-2018</u> To <u>1/2022</u> |
| <u>Business Name</u> | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street | | EIN: _____ |
| <u>City State ZIP Code</u> | Name of accountant or bookkeeper | Dates business existed From _____ To _____ |

Debtor 1

Carmen Reshun Smith
First Name Middle Name Last Name

Case number (if known) 24-55036-jwc

| | | |
|---------------------|-------------------------------------|--|
| Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street | Name of accountant or bookkeeper | EIN: _____ Dates business existed |
| City State ZIP Code | | From _____ To _____ |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name _____ MM / DD / YYYY

Number Street _____

City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Carmen Reshun Smith x

Signature of Debtor 1

Signature of Debtor 2

Date 6-7-24

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

| | | | | | |
|--|--------------|-------------|--------|-----------|-------|
| Debtor 1 First Name | Carmen | Middle Name | Reshun | Last Name | Smith |
| Debtor 2 (Spouse, if filing) First Name | | Middle Name | | Last Name | |
| United States Bankruptcy Court for the: | | District of | | | |
| Case number | 24-55036-jwc | | | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

1.3.

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1. Make:

Maserati

Model:

Ghibli

Year:

2018

Approximate mileage:

104002

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 21,200 \$ 0.00

If you own or have more than one, describe here:

3.2. Make:

Who has an interest in the property? Check one.

Model:

- Debtor 1 only

Year:

- Debtor 2 only

Approximate mileage:

- Debtor 1 and Debtor 2 only

Other information:

- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known) 24-55036-jwc

3.3. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

3.4. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 0.00

men Reshun Smith
 Middle Name Last Name

Case number (if known)

24-55036-jwc

Describe Your Personal and Household Items

own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information

| | |
|--|----------|
| | \$ _____ |
|--|----------|

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 10,000

Debtor 1

Carmen Reshun Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes

Cash:

\$ 212.00**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes

Institution name:

| | | |
|--------------------------------|-------|----------|
| 17.1. Checking account: | | \$ |
| 17.2. Checking account: | | \$ |
| 17.3. Savings account: | | \$ |
| 17.4. Savings account: | | \$ |
| 17.5. Certificates of deposit: | | \$ |
| 17.6. Other financial account: | | \$ |
| 17.7. Other financial account: | | \$ |
| 17.8. Other financial account: | | \$ |
| 17.9. Other financial account: | | \$ |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes

Institution or issuer name:

| | |
|-------|----------|
| | \$ |
| | \$ |
| | \$ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

| | % of ownership: | |
|--|-----------------|----------|
| | 0% | % |
| | 0% | \$ |
| | 0% | \$ |

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No

 Yes. Give specific information about them.....

Issuer name:

\$ _____
\$ _____
\$ _____
21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No

 Yes. List each account separately. Type of account: Institution name:

| | |
|-------------------------|----------|
| 401(k) or similar plan: | \$ _____ |
| Pension plan: | \$ _____ |
| IRA: | \$ _____ |
| Retirement account: | \$ _____ |
| Keogh: | \$ _____ |
| Additional account: | \$ _____ |
| Additional account: | \$ _____ |

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No

 Yes

Institution name or individual:

| | |
|----------------------------------|----------|
| Electric: | \$ _____ |
| Gas: | \$ _____ |
| Heating oil: | \$ _____ |
| Security deposit on rental unit: | \$ _____ |
| Prepaid rent: | \$ _____ |
| Telephone: | \$ _____ |
| Water: | \$ _____ |
| Rented furniture: | \$ _____ |
| Other: | \$ _____ |

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)
 No

 Yes

Issuer name and description:

\$ _____
\$ _____
\$ _____

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No
 Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- No
 Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No
 Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No
 Yes. Give specific information about them....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.

| | |
|-------|-------------------|
| _____ | Federal: \$ _____ |
| _____ | State: \$ _____ |
| _____ | Local: \$ _____ |

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
 Yes. Give specific information.....

| | |
|-------|-------------------------------|
| _____ | Alimony: \$ _____ |
| _____ | Maintenance: \$ _____ |
| _____ | Support: \$ _____ |
| _____ | Divorce settlement: \$ _____ |
| _____ | Property settlement: \$ _____ |

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information.....

| | |
|-------|----------|
| _____ | \$ _____ |
|-------|----------|

Debtor 1

Carmen Reshun Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company Company name:

Beneficiary:

Surrender or refund value:

| |
|----------|
| \$ _____ |
| \$ _____ |
| \$ _____ |

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

| |
|----------|
| \$ _____ |
|----------|

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.

| |
|----------|
| \$ _____ |
|----------|

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

| |
|----------|
| \$ _____ |
|----------|

35. Any financial assets you did not already list No Yes. Give specific information.....

| |
|----------|
| \$ _____ |
|----------|

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here\$ 0.00**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.....

| |
|----------|
| \$ _____ |
|----------|

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.....

| |
|----------|
| \$ _____ |
|----------|

Debtor 1

Carmen Reshun Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

41. Inventory

 No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

42. Interests in partnerships or joint ventures

 No Yes. Describe.....

| | |
|-----------------|------------------|
| Name of entity: | % of ownership: |
| _____ | _____ % \$ _____ |
| _____ | _____ % \$ _____ |
| _____ | _____ % \$ _____ |

43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

| | |
|--|----------|
| | \$ _____ |
|--|----------|

44. Any business-related property you did not already list

 No Yes. Give specific information

| | |
|-------|----------|
| | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ 0.00
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes

| | |
|--|----------|
| | \$ _____ |
|--|----------|

Debtor 1

Carmen Reshun Bush

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

48. Crops—either growing or harvested

 No Yes. Give specific information.....

| | |
|--|----|
| | \$ |
|--|----|

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

| | |
|--|----|
| | \$ |
|--|----|

\$ _____

50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

| | |
|--|----|
| | \$ |
|--|----|

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

| | |
|--|----|
| | \$ |
|--|----|

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 0.00

56. Part 2: Total vehicles, line 5 \$ 0.00

57. Part 3: Total personal and household items, line 15 \$ 0.00

58. Part 4: Total financial assets, line 36 \$ 0.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 +\$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 0.00 Copy personal property total → +\$ 0.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 0.00

Fill in this information to identify your case:

| | | | |
|---|---------------|--------------|--------------|
| Debtor 1 | <u>Carmen</u> | <u>Resun</u> | <u>Smith</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ District of _____ | | | |
| Case number (If known) <u>24-55036-jwc</u> | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemption. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Line from <i>Schedule A/B</i> : _____ | | | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Line from <i>Schedule A/B</i> : _____ | | | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Line from <i>Schedule A/B</i> : _____ | | | |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Debtor 1

Carmen Reeshun Brumfield

Case number (*if known*)

24-55036-jwe

Part 2: Additional Page

This information to identify your case:

| | | |
|--|-------------|-----------|
| Debtor 1 First Name | Middle Name | Last Name |
| Carmen Resun Smith | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ District of: _____ | | |
| Case number (If known) 24-55036-jwc | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|---|--|--------------------------------|
| Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| \$ 50,972 | \$ 47,000 | \$ _____ |
| <p>2.1 Creditor's Name: <u>B. Welks Fwy 96</u> <u>P.O. Box 71092</u> Street: _____ City: <u>Charlotte, NC 28212</u> State: <u>NC</u> ZIP Code: <u>28212</u></p> <p>Describe the property that secures the claim: <u>Car</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>9-2022</u></p> <p>2.2 Creditor's Name: _____ Street: _____ Number: _____ City: _____ State: _____ ZIP Code: _____</p> <p>Describe the property that secures the claim: _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Add the dollar value of your entries in Column A on this page. Write that number here: _____</p> | | |

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

| Part 1: | Additional Page | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|---|--|--|--|
| | After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | | |
| | | | Describe the property that secures the claim: \$ _____ | | \$ _____ |
| Creditor's Name | | | | | |
| Number Street | | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | |
| City State ZIP Code | | | | | |
| Who owes the debt? Check one. | | Nature of lien. Check all that apply. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | | |
| Date debt was incurred _____ | | Last 4 digits of account number _____ | | | |
| Creditor's Name | | Describe the property that secures the claim: \$ _____ | | \$ _____ | |
| Number Street | | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | |
| City State ZIP Code | | | | | |
| Who owes the debt? Check one. | | Nature of lien. Check all that apply. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | | |
| Date debt was incurred _____ | | Last 4 digits of account number _____ | | | |
| Creditor's Name | | Describe the property that secures the claim: \$ _____ | | \$ _____ | |
| Number Street | | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | |
| City State ZIP Code | | | | | |
| Who owes the debt? Check one. | | Nature of lien. Check all that apply. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | | |
| Date debt was incurred _____ | | Last 4 digits of account number _____ | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____ | | | | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ _____ | | | | | |

Debtor 1

Carmen Reshun Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

On which line in Part 1 did you enter the creditor? _____

Name _____

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Name _____

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Name _____

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Name _____

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Name _____

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Name _____

Number Street

City State ZIP Code

| | | | |
|---|-----------------------------|------------------------------|---------------------------|
| Fill in this information to identify your case: | | | |
| Debtor 1 (Spouse, if filing) | <u>Carmen</u> First Name | <u>Roshun</u> Middle Name | <u>Smith</u> Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ District of _____ | | | |
| Case number (If known) | <u>24-55036-jwc</u> | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

Priority Creditor's Name

Last 4 digits of account number \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2

Priority Creditor's Name

Last 4 digits of account number \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | | | | |
|---|--|----|----|----|
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| Number Street | When was the debt incurred? | | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| Number Street | When was the debt incurred? | | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| Number Street | When was the debt incurred? | | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Document Page 30 of 50

Case number (if known)

24-55036-jwc

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Nonpriority Creditor's Name
 Aidvantage
 P.O. Box 300001
 Greenville, TX 75403

Number Street City State ZIP Code

Last 4 digits of account number _____

Total claim

\$ 75,902.00

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.2 Nonpriority Creditor's name _____

Number Street _____

Last 4 digits of account number _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.3 Nonpriority Creditor's Name _____

Number Street _____

Last 4 digits of account number _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------------------------------|--|---------------------|--|---------------------------------------|--|--|--|--|--|---|--|---|--|--|--|-----------------------------------|--|---------------------|--|---------------------------------------|--|--|--|--|--|---|--|
| | Last 4 digits of account number _____ \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nonpriority Creditor's Name _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Street _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City _____ State _____ ZIP Code _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 10%; height: 40px;"></td> <td>Last 4 digits of account number _____ \$ _____</td> </tr> <tr> <td colspan="2">Nonpriority Creditor's Name _____</td> </tr> <tr> <td colspan="2">Number Street _____</td> </tr> <tr> <td colspan="2">City _____ State _____ ZIP Code _____</td> </tr> <tr> <td colspan="2"> <p>Who incurred the debt? 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| | Last 4 digits of account number _____ \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nonpriority Creditor's Name _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Street _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City _____ State _____ ZIP Code _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Last 4 digits of account number _____ \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nonpriority Creditor's Name _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Street _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City _____ State _____ ZIP Code _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Debtor 1

Caron Resha Smith

Document Page 32 of 50

Case number (if known)

24-55036-jwc

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Debtor 1

Carmen Reshma Smith

Document Page 33 of 50

Case number (if known) 24-55036-jwc

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
6b. Taxes and certain other debts you owe the government
6c. Claims for death or personal injury while you were intoxicated
6d. Other. Add all other priority unsecured claims.
Write that amount here.

Total claim

6a. \$ _____
6b. \$ _____
6c. \$ _____
6d. + \$ _____

6e.

\$ 0.00

Total claims from Part 2

- 6f. Student loans
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims.
Write that amount here.

Total claim

6f. \$ 75,902
6g. \$ 0.00
6h. \$ 0.00
6i. + \$ 0.00

6j.

\$ 75,902

Fill in this information to identify your case:

| | | | |
|---|---------------------|---------------|--------------|
| Debtor | <u>Carmen</u> | <u>Reshun</u> | <u>Smith</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | District of _____ | | |
| Case number (if known) | <u>24-55036-jwc</u> | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | | | State what the contract or lease is for |
|-----|--|--------------------------|----------|---|
| 2.1 | Name | <u>Alphonso Williams</u> | | |
| | Number | <u>12 Swenson Road</u> | | |
| | City | State | ZIP Code | <u>Ellensburg WA 38294</u> |
| 2.2 | Name _____ | | | |
| | Number | Street _____ | | |
| | City | State | ZIP Code | _____ |
| 2.3 | Name _____ | | | |
| | Number | Street _____ | | |
| | City | State | ZIP Code | _____ |
| 2.4 | Name _____ | | | |
| | Number | Street _____ | | |
| | City | State | ZIP Code | _____ |
| 2.5 | Name _____ | | | |
| | Number | Street _____ | | |
| | City | State | ZIP Code | _____ |

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ District of _____ | | | |
| Case number (if known) <u>24-55036-jwc</u> | | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

3.1

Name

Number Street

City State ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.3

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Debtor 1

Carmen Reshma Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-*jwc*

Additional Page to List More Codebtors

Column 1: Your codebtor

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. __

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|---|---------------------|---------------|--------------|
| Debtor 1 | <u>Carmen</u> | <u>Reshun</u> | <u>Smith</u> |
| First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ | District of _____ | | |
| Case number (if known) | <u>24-55036-jwc</u> | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

12/15

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

- Employed
 Not employed

- Employed
 Not employed

Occupation

Employer's name

Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ _____

3. Estimate and list monthly overtime pay.

3. + \$ 0.00 + \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0,00 \$ _____

Debtor 1

Carmen Reshan Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---------------------------------|--------------------------------------|
| Copy line 4 here..... | → 4. \$ <u>0.00</u> | \$ _____ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ <u>0.00</u> | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ <u>0.00</u> | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ <u>0.00</u> | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. \$ <u>0.00</u> | \$ _____ |
| 5e. Insurance | 5e. \$ <u>0.00</u> | \$ _____ |
| 5f. Domestic support obligations | 5f. \$ <u>0.00</u> | \$ _____ |
| 5g. Union dues | 5g. \$ <u>0.00</u> | \$ _____ |
| 5h. Other deductions. Specify: _____ | 5h. +\$ <u>0.00</u> | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ <u>0.00</u> | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ <u>0.00</u> | \$ _____ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | 8a. \$ <u>0.00</u> | \$ _____ |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | |
| 8b. Interest and dividends | 8b. \$ <u>0.00</u> | \$ _____ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. \$ <u>332.00</u> | \$ _____ |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | |
| 8d. Unemployment compensation | 8d. \$ <u>0.00</u> | \$ _____ |
| 8e. Social Security | 8e. \$ <u>0.00</u> | \$ _____ |
| 8f. Other government assistance that you regularly receive | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | |
| Specify: _____ | 8f. \$ <u>0.00</u> | \$ _____ |
| 8g. Pension or retirement income | 8g. \$ <u>0.00</u> | \$ _____ |
| 8h. Other monthly income. Specify: _____ | 8h. +\$ <u>0.00</u> | + \$ _____ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ <u>332.00</u> | \$ _____ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ <u>332.00</u> + \$ _____ | = \$ <u>332.00</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | 11. + \$ <u>0.00</u> |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies | | 12. \$ <u>332.00</u> |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

| | | | | |
|--|--------------|-------------|-------|-----------|
| Debtor 1 First Name | Carmen | Middle Name | Susan | Last Name |
| Debtor 2 (Spouse, if filing) First Name | | Middle Name | | Last Name |
| United States Bankruptcy Court for the: _____ District of: _____ | | | | |
| Case number (If known) | 24-55036-jwc | | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:
 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No
 Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|-----------------|--|
| Daughter | 15 | <input checked="" type="checkbox"/> Yes |
| Son | 12 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Daughter | 10 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Daughter | 8 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Daughter | 6 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

| Your expenses | |
|---------------|-------------|
| 4. | \$ 3,200.00 |
| 4a. | \$ 0.00 |
| 4b. | \$ 0.00 |
| 4c. | \$ 100.00 |
| 4d. | \$ 0.00 |

Debtor 1

Carmen Reshun Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:

- 6a. Electricity, heat, natural gas
- 6b. Water, sewer, garbage collection
- 6c. Telephone, cell phone, Internet, satellite, and cable services
- 6d. Other. Specify: _____

6a. \$ 100.00

6b. \$ 150.00

6c. \$ 140.00

6d. \$ 0.00

7. Food and housekeeping supplies

7. \$ 500.00

8. Childcare and children's education costs

8. \$ 200.00

9. Clothing, laundry, and dry cleaning

9. \$ 100.00

10. Personal care products and services

10. \$ 50.00

11. Medical and dental expenses

11. \$ 0.00

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

\$ 286.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0.00

15b. Health insurance

15b. \$ 0.60

15c. Vehicle insurance

15c. \$ 200.00

15d. Other insurance. Specify: _____

15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0.00

17b. Car payments for Vehicle 2

17b. \$ 0.00

17c. Other. Specify: _____

17c. \$ 0.00

17d. Other. Specify: _____

17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ 0.00

20b. Real estate taxes

20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance

20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0.00

20e. Homeowner's association or condominium dues

20e. \$ 0.00

Debtor 1

Carmen Reshun Smith

First Name

Middle Name

Last Name

Case number (if known)

24-55036-jwc

21. Other. Specify: _____

21. +\$ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 1820.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 1820.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 332.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 1820.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ -1488.00

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

I am 4 months pregnant and experiencing difficulty in gaining employment.

| | | |
|--|-------------|-----------|
| Fill in this information to identify your case: | | |
| Debtor 1 First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | | |
| United States Bankruptcy Court for the: District of | | |
| Case number (If known) <u>24-55036-jwc</u> | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

Creditor's name:

Wells Fargo Auto Lease

Description of property securing debt:

Car loan

What do you intend to do with the property that secures a debt?

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: _____

Did you claim the property as exempt on Schedule C?

- No
- Yes

Creditor's name:

Description of property securing debt:

- Surrender the property.

- No
- Yes

- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.

- Retain the property and [explain]: _____

Creditor's name:

Description of property securing debt:

- Surrender the property.

- No
- Yes

- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.

- Retain the property and [explain]: _____

Creditor's name:

Description of property securing debt:

- Surrender the property.

- No
- Yes

- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.

- Retain the property and [explain]: _____

Debtor 1 _____ Case number (if known) _____

First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: Alphonso Williams

No
 Yes

Description of leased property: House

Lessor's name:

No
 Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x Carmen Smith

Signature of Debtor 1

x

Signature of Debtor 2

Date 06-01-2024
MM / DD / YYYY

Date _____
MM / DD / YYYY

| | | |
|---|-------------------------------|-----------|
| Fill in this information to identify your case: | | |
| Debtor 1 Debtor 2 (Spouse, if filing) | First Name Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ District of _____ | | |
| Case number (If known) <u>24-55036-jwc</u> | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)
1a. Copy line 55, Total real estate, from Schedule A/B.....
- 1b. Copy line 62, Total personal property, from Schedule A/B.....
- 1c. Copy line 63, Total of all property on Schedule A/B

\$ 0.00
\$ 0.00
\$ 0.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)
2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of Schedule D
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F

\$ 50,972.00
\$ 0.00
+ \$ 75,902.00

Your total liabilities

\$ 126,874.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)
Copy your combined monthly income from line 12 of Schedule I
5. Schedule J: Your Expenses (Official Form 106J)
Copy your monthly expenses from line 22c of Schedule J

\$ 332.00
\$ 1,826.00

Debtor 1

Carmen Roshyn Smith

First Name Middle Name

Last Name

Case number (if known)

24-55036-jwc

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 332.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

| | |
|--|--------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 15,902 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 15,902.00 |

Fill in this information to identify your case:

| | | | | | |
|---|--------------|-------------|-----------|-----------|-------|
| Debtor 1 First Name | Carmen | Middle Name | Reshun | Last Name | Smith |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | District of | | | | |
| Case number (If known) | 24-55036-jwc | | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Carmen Reshun Smith x

Signature of Debtor 1

Signature of Debtor 2

Date 06 07 2024
MM / DD / YYYY

Date _____
MM / DD / YYYY

| | | |
|---|--------------|-------------|
| Fill in this information to identify your case: | | |
| Debtor 1 First Name | Carmen | Middle Name |
| Debtor 1 Last Name | Reshun Smith | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ District of _____ | | |
| Case number (If known) 24-55036-jwc | | |

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.
2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
3. The Means Test does not apply now because of qualified military service but it could apply later.
- Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(d)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------|--|
|----------------------|--|

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$0.00 \$_____

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$0.00 \$_____

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$332.00 \$_____

5. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

\$_____ \$_____

Gross receipts (before all deductions)

\$_____ \$_____

Ordinary and necessary operating expenses

-\$_____ - \$_____

Net monthly income from a business, profession, or farm

\$_____ \$_____ Copy here → \$0.00 \$_____

6. Net income from rental and other real property

Debtor 1 Debtor 2

\$_____ \$_____

Gross receipts (before all deductions)

\$_____ \$_____

Ordinary and necessary operating expenses

-\$_____ - \$_____

Net monthly income from rental or other real property

\$_____ \$_____ Copy here → \$0.00 \$_____

7. Interest, dividends, and royalties

\$0.00 \$_____

Debtor 1 Carmen Reshan Smith
 First Name Middle Name Last Name

Case number (if known) 24-55036-jwc

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ _____

For your spouse \$ _____

Column A
Debtor 1

\$ 0.00

Column B
Debtor 2 or
non-filing spouse

\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

\$ 0.00

\$ _____

\$ 0.00

\$ _____

+ \$ 332.06

+ \$ _____

\$ 332.06

\$ 0.00

= 332.00

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11..... Copy line 11 here ➔

\$332.06

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form.

x 12

12b.

\$3,984

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

GA

Fill in the number of people in your household.

9

Fill in the median family income for your state and size of household.13.

\$167,639

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Debtor 1

Carmen Reshun Smith

First Name Middle Name Last Name

Case number (if known)

24-55036-jwc

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x Carmen Reshun Smith

Signature of Debtor 1

Date 06-07-2024
MM / DD / YYYY

x

Signature of Debtor 2

Date
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.